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UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Stephen W. SCHERER et al.

Title: LAFORA'S DISEASE GENE

Appl. No.: 09/744,072

Filing Date: 07/02/2001

Examiner: Juliet Caroline Einsmann

Art Unit: 1634 /

AMENDMENT TRANSMITTAL

Commissioner for Patents
PO Box 1450
Alexandria, Virginia 22313-1450

Sir:

Transmitted herewith is an amendment in the above-identified application.

- ☒ Small Entity status under 37 C.F.R. § 1.9 and § 1.27 has been established by a Small Entity statement previously submitted.
- ☐ Small Entity statement is enclosed.
- ☒ The fee required for additional claims is calculated below:

	Claims as Amended	Previously Paid For	Extra Claims Present	Rate	Additional Claims Fee
Total Claims:	20	29	0	x \$18.00	\$0.00
Independents:	15	4	11	x \$84.00	\$924.00
First presentation of any Multiple Dependent Claims:			+	\$280.00	\$0.00
CLAIMS FEE TOTAL:					\$924.00

- ☒ Applicants hereby petition for an extension of time under 37 C.F.R. § 1.136(a) for the total number of months checked below:

<input type="checkbox"/>	Extension for response filed within the first month:	\$110.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the second month:	\$410.00	\$0.00
<input checked="" type="checkbox"/>	Extension for response filed within the third month:	\$930.00	\$930.00
<input type="checkbox"/>	Extension for response filed within the fourth month:	\$1,450.00	\$0.00
<input type="checkbox"/>	Extension for response filed within the fifth month:	\$1,970.00	\$0.00
EXTENSION FEE TOTAL:			\$930.00
<input type="checkbox"/>	Statutory Disclaimer Fee under 37 C.F.R. 1.20(d):	\$55.00	\$0.00
CLAIMS, EXTENSION AND DISCLAIMER FEE TOTAL:			\$1854.00
<input checked="" type="checkbox"/>	Small Entity Fees Apply (subtract ½ of above):		\$927.00
TOTAL FEE:			\$927.00

☐ Please charge Deposit Account No. 19-0741 in the amount of \$927.00. A duplicate copy of this transmittal is enclosed.

☒ A check in the amount of \$927.00 is enclosed.

☒ The Commissioner is hereby authorized to charge any additional fees which may be required regarding this application under 37 C.F.R. §§ 1.16-1.17, or credit any overpayment, to Deposit Account No. 19-0741. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 19-0741. If any extensions of time are needed for timely acceptance of papers submitted herewith, applicant hereby petitions for such extension under 37 C.F.R. §1.136 and authorizes payment of any such extensions fees to Deposit Account No. 19-0741.

Please direct all correspondence to the undersigned attorney or agent at the address indicated below.

Respectfully submitted,

Date June 24, 2003

By Michele M. Simkin

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